

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

In re:

PROSPECT MEDICAL HOLDINGS, INC., *et al.*¹

Debtors.

Chapter 11

Case No. 25-80002 (SGJ)

(Jointly Administered)

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS,
METHODOLOGY, AND DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES
OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

On January 11, 2025 (the “Petition Date”), Prospect Medical Holdings, Inc. and its affiliated debtors in the above-captioned chapter 11 cases (each a “Debtor” and, collectively, the “Debtors”) commenced voluntary cases (the “Chapter 11 Cases”) under chapter 11 of title 11, United States Code, §§ 101 *et seq.* (the “Bankruptcy Code”) in the United States Bankruptcy Court for the Northern District of Texas (the “Court”).

The Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “Statements”) were prepared pursuant to section 521 of the Bankruptcy Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”) by management of the Debtors with unaudited information available as of the Petition Date.

These *Global Notes and Statement of Limitations, Methodology, and Disclaimers Regarding the Debtors' Schedules and Statements of Financial Affairs* (the “Global Notes”) are incorporated by reference in, and comprise an integral part of, each Debtor’s respective Schedules and Statements, and should be referred to and considered in connection with any review of the Schedules and Statements.

In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of such preparation. The Debtors have historically prepared consolidated monthly financial statements and have not historically prepared stand-alone monthly financial statements. Unlike the consolidated financial statements, the Schedules and Statements generally reflect the assets and liabilities of each Debtor on a nonconsolidated basis. Accordingly, the amounts listed in the Schedules and Statements will likely differ, at times materially, from the consolidated financial reports prepared historically by the Debtors. The Debtors, and their agents, attorneys, and advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein, and shall not be liable for any loss or

¹ A complete list of each of the Debtors in these chapter 11 cases may be obtained on the website of the Debtors’ claims and noticing agent at <https://omniagentsolutions.com/Prospect>. The Debtors’ mailing address is 3824 Hughes Ave., Culver City, CA 90232.

injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. While reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. The Debtors reserve their rights to amend and supplement the Schedules and Statements as may be necessary or appropriate. For the avoidance of doubt, the Debtors and their agents, attorneys, and advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law. In no event shall the Debtors, or their agents, attorneys, and advisors, be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, or advisors are advised of the possibility of such damages.

Given, among other things, the uncertainty surrounding the valuation and nature of certain assets and liabilities, to the extent that a Debtor shows more assets than liabilities, this is not an admission that such Debtor was solvent on the Petition Date or at any time prior to the Petition Date. Likewise, to the extent that a Debtor shows more liabilities than assets, it is not an admission that such Debtor was insolvent on the Petition Date or any time prior to the Petition Date.

Paul Rundell has signed each set of the Schedules and Statements. Mr. Rundell serves as the Chief Restructuring Officer (“CRO”) of the Debtors, and he is an authorized signatory for each of the Debtors in these Chapter 11 Cases. In reviewing and signing the Schedules and Statements, Mr. Rundell has necessarily relied upon the efforts, statements, advice, and representations of the Debtors and their advisors. Mr. Rundell has not (and could not have) personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

Global Notes and Overview of Methodology

1. **Description of the Cases.** Commencing on January 11, 2025 (the “Petition Date”), each of the Debtors filed with this Court voluntary cases under chapter 11 of title 11 of the Bankruptcy Code. The Debtors are authorized to continue to operate their business and manage their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy code. On January 29, 2025, the United States Trustee for the Northern District of Texas (the “U.S. Trustee”) appointed an official committee of unsecured creditors [Docket No. 295] (the “Committee”). On January 30, 2025, the U.S. Trustee appointed a patient care ombudsman [Docket No. 325]. No trustee or examiner has been appointed in these Chapter 11 Cases.

The Debtors continue to operate their businesses and manage their properties as debtors and debtors in possession, pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The Chapter 11 Cases have been consolidated for procedural purposes only and are being jointly administered under case number 25-80002 (SGJ).

2. **Reservations and Limitations.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, as noted above, inadvertent errors

or omissions may exist. The Debtors reserve all rights to amend and supplement the Schedules and Statements as may be necessary or appropriate. Nothing contained in the Schedules and Statements or these Global Notes constitutes a waiver of any of the Debtors' rights or an admission of any kind with respect to these Chapter 11 Cases, including, but not limited to, any rights or claims of the Debtors against any third party or issues involving substantive consolidation, equitable subordination, or defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant applicable bankruptcy or non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.

- (a) **No Admission.** Nothing contained in the Schedules and Statements is intended or should be construed as an admission or stipulation of the validity of any claim against the Debtors, any assertion made therein or herein, or a waiver of the Debtors' rights to dispute any claim or assert any cause of action or defense against any party.
- (b) **Recharacterization.** Notwithstanding that the Debtors have made reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors nonetheless may have improperly characterized, classified, categorized, or designated certain items. The Debtors reserve all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as is necessary and appropriate, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired post-petition. Disclosure of information in one or more Schedules, Statements, or one or more exhibits or attachments thereto, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits, or attachments.
- (c) **Classifications.** Listing (i) a claim on Schedule D as "secured," (ii) a claim on Schedule E/F as "priority" or "unsecured," or (iii) a contract on Schedule G as "executory" or "unexpired" does not constitute an admission by the Debtors of the legal rights of the claimant or contract counterparty, or a waiver of the Debtors' rights to recharacterize or reclassify such claim or contract or to setoff such claim.
- (d) **Claims Description.** Any failure to designate a claim on the Debtors' Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such amount is not "disputed," "contingent," or "unliquidated." Each Debtor reserves all rights to dispute, or assert offsets or defenses to, any claim reflected on its respective Schedules and Statements or described in these Global Notes on any grounds, including, without limitation, liability, or classification, or to otherwise subsequently designate such claims as "disputed," "contingent," or "unliquidated" or object to the extent, validity, enforceability, or priority of any claim. Moreover, listing a claim does not constitute an admission of liability by the Debtors against which the claim is listed

or by any of the Debtors. The Debtors reserve all rights to amend their Schedules and Statements and Global Notes as necessary and appropriate, including, but not limited to, with respect to claim description and designation.

- (e) **Estimates and Assumptions.** The preparation of the Schedules and Statements required the Debtors to make reasonable estimates and assumptions with respect to the reported amounts of assets and liabilities, the amount of contingent assets and contingent liabilities on the Schedules and Statements, and the reported amounts of revenues and expenses during the applicable reporting periods. Actual results could differ from such estimates.
- (f) **Causes of Action.** Despite reasonable efforts, the Debtors may not have identified all current and potential causes of action the Debtors may have against third parties in their respective Schedules and Statements, including, without limitation, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant bankruptcy and non-bankruptcy laws to recover assets. The Debtors reserve all rights with respect to any causes of action, and nothing in these Global Notes or the Schedules and Statements should be construed as a waiver of any such causes of action.
- (g) **Intellectual Property Rights.** Exclusion of certain intellectual property from the Schedules and Statements should not be construed as an admission that such intellectual property rights have been abandoned, have been terminated or otherwise expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property rights in the Schedules and Statements should not be construed as an admission that such intellectual property rights have not been abandoned, have not been terminated or otherwise expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. The Debtors have made every effort to attribute intellectual property to the rightful Debtor owner, however, in some instances intellectual property owned by one Debtor may, in fact be owned by another. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all such intellectual property rights.
- (h) **Executory Contracts and Unexpired Leases.** Although the Debtors made diligent efforts to identify contracts and unexpired leases as executory within the scope of section 365 of the Bankruptcy Code and to attribute an executory contract to its rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of their rights with respect to the inclusion or exclusion of executory contracts and unexpired leases, as well as the named parties to any and all executory contracts and unexpired leases, including the right to amend Schedule G at any time during the pendency of these Chapter 11 Cases.
- (i) **Insiders.** In the circumstance where the Schedules and Statements require information regarding "insiders," the Debtors have included information with

respect to certain individuals who served as officers and directors, as the case may be, during the relevant time periods. Such individuals may no longer serve in such capacities. As to each Debtor, an individual or entity is designated as an “insider” for the purposes of the Schedules and Statements if such individual or entity, based on the totality of the circumstances, may have a controlling interest in, or may exercise sufficient authority over, the Debtor so as to direct corporate policy and the disposition of corporate assets.

The listing or omission of a party as an insider for purposes of the Schedules and Statements is not intended to be, nor should it be, construed as an admission of any fact, right, claim, or defense and all such rights, claims, and defenses are hereby expressly reserved. Information regarding the individuals listed as insiders in the Schedules and Statements has been included for informational purposes only and such information may not be used for: (i) the purposes of determining (A) control of the Debtors; (B) the extent to which any individual exercised management responsibilities or functions; (C) corporate decision-making authority over the Debtors; or (D) whether such individual could successfully argue that he or she is not an insider under applicable law, including the Bankruptcy Code and federal securities laws, or with respect to any theories of liability or (ii) any other purpose.

- (j) **Umbrella or Master Agreements.** Contracts listed in the Schedules and Statements may be umbrella or master agreements that cover relationships with some or all of the Debtors. Where relevant, such agreements may have been listed in the Schedules and Statements of only the Debtor(s) that signed the original umbrella or master agreement. Other Debtors, however, may be liable together with such Debtor(s) on account of such agreements. The Debtors reserve all rights to amend the Schedules and Statements to reflect changes regarding the liability of the Debtors with respect to such agreements, if appropriate. Additionally, by listing an umbrella or master agreement in these Schedules and Statements, the Debtors make no representation as to the severability of such agreements and their related contracts and leases, including any subleases, and the Debtors reserve any and all rights with respect to any arguments or claims it may have in regard to the severability of such agreements.
- (k) **Court Orders.** Pursuant to certain orders of the Bankruptcy Court entered in these chapter 11 cases (the “First Day Orders”), the Debtors were authorized (but not directed) to pay, among other things, certain prepetition claims of employees, potential lien holders, certain vendors and taxing authorities. Accordingly, these liabilities may have been or may be satisfied in accordance with such First Day Orders and therefore, generally are not listed in the Schedules and Statements. Regardless of whether such claims are listed in the Schedules and Statements, to the extent such claims are paid pursuant to any order of the Bankruptcy Court (including the First Day Orders), the Debtors reserve all rights to amend, supplement, or otherwise modify the Schedules and Statements as is necessary or appropriate.

- (l) **Other Paid Claims.** To the extent the Debtors have reached any postpetition settlement with a vendor or other creditor, the terms of such settlement will prevail, supersede amounts listed in the Schedules and Statements, and shall be enforceable by all parties, subject to Bankruptcy Court approval. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.
 - (m) **Professional Corporations.** In the ordinary course of their business, the Debtors record on their books certain bank accounts and liabilities associated with non-debtor professional corporations, which the Debtors provide certain managed services to. The Debtors have attempted to exclude assets that do not belong to the Debtors and liabilities for which the Debtors are not actually liable from the Schedules and Statements. To the extent that something was inadvertently missed, the Debtors reserve their rights to amend the Schedules as deemed necessary.
3. **Description of Cases and “As Of” Information Date.** Beginning on January 11, 2025, or the “Petition Date,” each of the Debtors filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code in the Court. The Debtors continue to operate their business. The information provided herein, except as otherwise noted, is reported as of the Petition Date of each respective Debtor, as appropriate.
4. **Confidential or Sensitive Information.** There may be instances in which certain information in the Schedules and Statements has been intentionally redacted due to, among other things, concerns for the privacy of an individual or concerns about the confidential or commercially sensitive nature of certain information. Any alterations or redactions in the Schedules and Statements are limited only to what the Debtors believe is necessary to protect the Debtors or the applicable third-party, and the Debtors have provided interested parties with sufficient information to discern the nature of the listing. As set forth in the *Debtors’ Emergency Motion for Entry of an Order (I) Authorizing The Debtors To File (A) a Consolidated Creditor Matrix and (B) a Consolidated List of the 30 Largest Unsecured Creditors; (II) Authorizing (A) the Debtors to Redact Certain Personally Identifiable Information, and (B) the Implementation of Procedures to Protect Confidential Patient Information; (III) Establishing a Complex Service List; (IV) Approving Form and Manner of Notice of Commencement; and (V) Granting Related Relief* [Docket No. 3] (the “Creditor Matrix Motion”), the Debtors may redact personally identifiable information such as names and addresses of current and former employees, contract workers, vendors, suppliers, equity holders and other individuals.
5. **Methodology.**
- (a) **Basis of Presentation.** The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”) nor are they intended to be fully reconciled to the financial statements of each Debtor. The Schedules and

Statements contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statements reflect the Debtors' reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

- (b) **Duplication.** Certain of the Debtors' assets, liabilities, and prepetition payments may properly be disclosed in multiple parts of the Statements and Schedules. To the extent these disclosures would be duplicative, the Debtors have endeavored to only list such assets, liabilities, and prepetition payments once.
- (c) **Net Book Value.** In certain instances, current market valuations for individual items of property and other assets are neither maintained by, nor readily available to the Debtors. Accordingly, unless otherwise indicated, the Debtors' Schedules and Statements reflect net book values as of December 31, 2024. Market values may vary, in some instances, materially, from net book values. The Debtors believe that it would be an inefficient use of estate assets for the Debtors to obtain the current market values of their property. Accordingly, the Debtors have indicated in the Schedules and Statements that the market values of certain assets and liabilities are undetermined. Also, assets that have been fully depreciated or that were expensed for accounting purposes either do not appear in these Schedules and Statements, or are listed with a zero-dollar value, as such assets have no net book value. The omission of an asset from the Schedules and Statements does not constitute a representation regarding the ownership of such asset, and any such omission does not constitute a waiver of any rights of the Debtors with respect to such asset.
- (d) **Contingent Claim.** A claim that is dependent on the realization of some uncertain future event is a "contingent" claim.
- (e) **Undetermined Amounts.** The description of an amount as "unknown," "TBD," or "undetermined" is not intended to reflect upon the materiality of such amount.
- (f) **Unliquidated Amounts.** Amounts that could not be fairly quantified by the Debtors are scheduled as "unliquidated."
- (g) **Disputed Claim.** A claim with respect to which the applicable Debtor and the claimant disagree as to whether the amount owed, whether any amount is owed, the priority of the claim, or otherwise is "disputed."
- (h) **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different from the listed total.
- (i) **Paid Claims.** The Bankruptcy Court has authorized (but not directed) the Debtors to pay, in their discretion, certain outstanding Claims on a postpetition basis. Pursuant to such orders, certain prepetition liabilities that the Debtors have paid postpetition or those which the Debtors plan to pay via this authorization may not be listed in the Schedules and Statements.

- (j) **Liens.** The inventories, property, and equipment listed in the Schedules and Statements are presented without consideration of any liens.
- (k) **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.
- (l) **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change. The Debtors reserve the right to amend the Schedules and Statements and these Global Notes as they deem appropriate in this and all other regards.
- (m) **Excluded Assets and Liabilities.** The Debtors have excluded certain categories of assets and liabilities from the Schedules and Statements, including, but not limited to: certain deferred charges, investments in subsidiaries, reserves recorded only for purposes of complying with the requirements of GAAP; deferred tax assets; deferred tax liabilities; and other intangibles; deferred revenue accounts; and certain accrued liabilities, including salaries and employee benefits. The Debtors have also excluded rejection damage claims of counterparties to executory contracts and unexpired leases that may or may not be rejected, to the extent such damage claims exist. Other immaterial assets and liabilities may also have been excluded.
- (n) **Intercompany Accounts.** The Debtors maintain intercompany accounts in their books and records that record transfers of cash and other intercompany transactions among Prospect subsidiaries and affiliates. Although efforts have been made to attribute these transactions to the correct legal entity, the Debtors reserve the right to modify or amend their Schedules and Statements to attribute such transactions to a different legal entity, as is necessary or appropriate. For additional information regarding the Debtors' intercompany transactions and related cash management protocols, see *Debtors' Emergency Motion for Entry of An Order (I) Authorizing the Debtors to (A) Continue Their Existing Cash Management System and Maintain Their Existing Bank Accounts, (B) Continue to Perform Intercompany Transactions, and (C) Maintaining Existing Business Forms and Books and Records; and (II) Granting Related Relief* [Docket No. 21].

Receivables and payables among the Debtors in these cases are reported in the Schedules based upon the net intercompany balances. The listing by the Debtors of any account between a Debtor and another Debtor or a non-Debtor affiliate is a statement of what appears in a particular Debtor's books and records is the result of consolidating the Debtors' financial statements and does not reflect any admission or conclusion of the Debtors regarding the allowance, classification, characterization, validity, or priority of such account. The Debtors take no position in these Schedules and Statements as to whether such accounts would be allowed as a claim, an interest, or not allowed at all. The Debtors and all parties-in-interest reserve all rights with respect to such accounts.

- (o) **Credits and Adjustments.** The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtors' books and records and may either (i) not reflect credits, allowances, or other adjustments due from such creditors to the Debtors or (ii) be net of accrued credits, allowances, or other adjustments that are actually owed by a creditor to the Debtors on a postpetition basis on account of such credits, allowances, or other adjustments earned from prepetition payments and critical vendor payments, if applicable. The Debtors reserve all of their rights with regard to such credits, allowances, or other adjustments, including, but not limited to, the right to modify the Schedules, assert claims objections and/or setoffs with respect to the same, or apply such allowances in the ordinary course of business on a postpetition basis.
 - (p) **Setoffs.** The Debtors may periodically incur setoffs and net payments in the ordinary course of business. Such setoffs and nettings may occur due to a variety of transactions or disputes. Although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements. The Debtors reserve all rights to challenge any setoff and/or recoupment rights that may be asserted.
- 6. **Global Notes Control.** These Global Notes pertain to and comprise an integral part of each of the Schedules and Statements and should be referenced in connection with any review thereof. In the event that the Schedules and Statements conflict with these Global Notes, these Global Notes shall control.
- 7. **Specific Schedules Disclosures.**
 - (a) **Schedules Summary.** Except as otherwise noted, the asset totals represent amounts as of the December 31, 2024 and liability information provided herein represents the Debtors' liabilities as of the Petition Date.
 - (b) **Schedule A/B, Part 1 – Bank Accounts;** Amounts reported in schedule AB question 3 reflect actual account balances as of the Petition Date and may differ from general ledger books and record values.
 - (c) **Schedule A/B, Part 3 – Accounts Receivable;** The accounts receivable is reflected as of December 31, 2024.
 - (d) **Schedule A/B, Part 4 – Investments; Non-Publicly Traded Stock and Interests in Incorporated and Unincorporated Businesses, including any Interest in an LLC, Partnership, or Joint Venture.** Prospect Medical Holdings, Inc. ownership interests in subsidiaries have been listed in Schedule A/B, Part 4, as undetermined amounts on account of the fact that the fair market value of such ownership is dependent on numerous variables and factors, and may differ significantly from their net book value.
 - (e) **Schedule A/B, Part 7 – Office furniture, fixtures, and equipment; and collectibles.** The Debtors have used book values as of December 31, 2024 for

reporting office furniture and equipment. There have been no valuations on any of such assets. The Debtors reserve all of their rights to re-categorize and/or re-characterize such asset holdings to the extent the Debtors determine that such holdings were improperly listed.

- (f) **Schedule A/B, Part 10 – Intangibles and Intellectual Property.** The value of the Debtors' intangible assets is listed as undetermined. The Debtors are not able to provide a schedule with values specific to its intellectual property (including but not limited to, patents, trademarks, internet domains, and licenses).

The Debtors do not ascribe value to any customer list they may maintain, therefore, no response has been listed in schedule AB question 63.

- (g) **Schedule D – Creditors Who Have Claims Secured by Property.** The Debtors have made reasonable efforts to report all secured claims against the Debtors on Schedule D based on the Debtors' books and records as of the Petition Date. However, the actual value of claims against the Debtors may vary significantly from the represented liabilities. Parties in interest should not accept that the listed liabilities necessarily reflect the correct amount of any secured creditor's allowed claims or the correct amount of all secured claims. Similarly, parties in interest should not anticipate that recoveries in these cases will reflect the relationship of the aggregate asset values and aggregate liabilities set forth in the Schedules. Parties in interest should consult their own professionals and advisors with respect to pursuing a claim. Although the Debtors and their professionals have generated financial information and data the Debtors believe to be reasonable, actual liabilities (and assets) may deviate significantly from the Schedules due to certain events that occur throughout these Chapter 11 Cases.

Except as specifically stated herein, lessors of real property and equipment, utility companies, and any other parties which may hold security deposits or other security interests, have not been listed on Schedule D. The Debtors have also not listed on Schedule D any parties whose claims may be secured through rights of setoff, deposits, or advance payments.

Although the Debtors may have scheduled claims of various creditors as secured claims, the Debtors reserve all rights to dispute or challenge the secured nature of any creditor's claim or the characterization of the structure of any transaction or any document or instrument (including, without limitation, any intercompany agreement) related to such creditor's claim (except as otherwise agreed to or stated pursuant to a stipulation, agreed order, or general order entered by the Bankruptcy Court that is or becomes final). The Debtors have not included on Schedule D the claims of any parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights.

The descriptions provided on Schedule D are intended only as a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of any

liens. Nothing in these Global Notes or in the Schedules and Statements shall be deemed a modification, interpretation, or an acknowledgment of the terms of such agreements or related documents.

(h) **Schedule E/F – Creditors Who Have Unsecured Claims.**

The Debtors have made reasonable efforts to report all priority and general unsecured claims against the Debtors on Schedule E/F based on the Debtors' books and records as of the Petition Date. However, the actual value of claims against the Debtors may vary significantly from the represented liabilities. Certain claims on E/F may have been satisfied post-petition by the Debtors (including employee wages in the ordinary course) or third parties. Furthermore, accrued interest for some claims may not have been possible to determine. Parties in interest should not accept that the listed liabilities necessarily reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims. Similarly, parties in interest should not anticipate that recoveries in these cases will reflect the relationship of the aggregate asset values and aggregate liabilities set forth in the Schedules. Parties in interest should consult their own professionals and advisors with respect to pursuing a claim. Although the Debtors and their professionals have generated financial information and data the Debtors believe to be reasonable, actual liabilities (and assets) may deviate significantly from the Schedules due to certain events that occur throughout these Chapter 11 Cases.

Within Schedule E/F, certain Debtors carry balances related to loans under the Property Assessed Clean Energy ("PACE") programs. The Debtors undertook such loans to finance certain improvements/constructions that are qualified under such programs.

The claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose may be unknown or subject to dispute. Although reasonable efforts have been made to determine the date upon which claims listed in Schedule E/F were incurred or arose, updating that date for each claim in Schedule E/F would be unduly burdensome and cost-prohibitive and, therefore, the Debtors have not listed a date for each claim listed on Schedule E/F.

In the ordinary course of business, the Debtors generally receive invoices for goods and services after the delivery of such goods or services. As of the filing of the Schedules and Statements, the Debtors may not have received all invoices for payables, expenses, or liabilities that may have accrued before the Petition Date. Furthermore, payments to vendors and lienholders made subsequent to the filing of these Schedules will not be reflected in these Schedules. The Debtors reserve the right, but are not required, to amend Schedules E/F if they receive such invoices and/or make such payments. The claims of individual creditors are generally listed at the amounts recorded on the Debtors' books and records and may not reflect all

credits or allowances due from the creditor. The Debtors reserve all of their rights concerning credits or allowances.

Part 1 - Creditors with Priority Unsecured Claims. The Debtors included certain claims owing to various taxing authorities to which the Debtors may be liable. Priority unsecured tax claims are listed as contingent or unliquidated since they may have been paid through first day relief. Moreover, the inclusion of any amounts owed to taxing authorities does not constitute an admission by the Debtors of such liability.

The Debtors reserve the right to assert that any claim listed on Schedule E/F does not constitute a priority claim under the Bankruptcy Code.

Part 2 - Creditors with Nonpriority Unsecured Claims. The Debtors have used reasonable efforts to report all general unsecured claims against the Debtors in Schedule E/F, Part 2, based upon the Debtors' books and records as of the Petition Date. The Debtors made a reasonable attempt to set forth their unsecured obligations, although the actual amount of claims against the Debtors may vary from those liabilities represented on Schedule E/F, Part 2. The listed liabilities, which have been listed on a gross accounts payable basis, may not reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims.

Schedule E/F, Part 2, reflects certain prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or assumption and assignment of an executory contract or unexpired lease. Prepetition amounts that may be paid in accordance with court orders, are marked as contingent. In addition, Schedule E/F, Part 2, does not include claims that may arise in connection with the rejection of any executory contracts and unexpired leases, if any, that may be or have been rejected.

Schedule E/F, Part 2, describes a promissory note owed by Debtor Prospect Medical Holdings, Inc. to Medline Industries, LP in the principal amount of approximately \$9.7 million. The amounts reflected on Schedule E/F, Part 2 in relation to this note do not include any interest accrued and unpaid as of the Petition Date.

- (i) As of the Petition Date, the Debtors estimate they have approximately 1.1 million current and former patients (collectively, the "Patients"). To the best of the Debtors' knowledge and belief, other than refunds, the Debtors' Patients do not hold claims against the Debtors and have not been listed individually in the Schedules. However, to the extent any current or former patient is a known creditor of the Debtors (e.g., medical malpractice claimant, slip and fall claimant, etc.), the Debtors have endeavored to include such parties in the Schedules.

- (j) **Schedule G – Executory Contracts and Unexpired Leases.** The Debtors hereby reserve all rights to dispute the validity, status, or enforceability of any contracts, agreements or leases set forth in Schedule G and to amend or supplement Schedule G as necessary. Additionally, the placing of a contract or lease onto Schedule G shall not be deemed an admission that such contract is an executory contract or unexpired lease, or that it is necessarily a binding, valid, and enforceable contract. Any and all of the Debtors' rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G are hereby reserved and preserved. In addition, the Debtors are continuing their review of all relevant documents and expressly reserve their right to amend all Schedules at a later time as necessary and/or to challenge the classification of any agreement as an executory contract or unexpired lease in any appropriate filing.

The names of employees and consultants and other individuals have been redacted for privacy purposes.

Certain information, such as the contact information or addresses of the counterparty, may not be included where such information could not be obtained using the Debtors' reasonable efforts. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. Expired contracts and leases may have also been inadvertently included. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G and to amend or supplement such Schedule as necessary.

Certain of the leases and contracts listed on Schedule G may contain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G. In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their business, such as supplemental agreements, letter agreements, employment-related agreements, and confidentiality and non-disclosure agreements, which may not be set forth in Schedule G. The Debtors reserve the right to dispute the effectiveness of any such contract listed on Schedule G or to amend Schedule G at any time to remove any contract.

The Debtors have reserved all rights to dispute or challenge the characterization of any transaction or any document or instrument related to a creditor's claim.

Although the Debtors have made diligent attempts to attribute an executory contract to its rightful Debtor, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of its rights with respect to the named parties of any and all executory contracts, including the right to amend Schedule G.

Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted contract or agreement is not impaired by the omission. Certain Debtors are guarantors and parties to guaranty agreements regarding the Debtors' prepetition credit facility. The guaranty obligations arising under these agreements are reflected on Schedules D and F only.

8. **Specific Statements Disclosures.**

- (a) **Statements, Part 1, Question 1 and 2 – Gross Revenue from business.** Revenue amounts listed for current fiscal year are through December 31, 2024.
- (b) **Statements, Part 2, Question 4 – Payments and Transfers to Certain Insiders within 1 year before the filing.** The Debtors reported payments to certain non-officer and officer insiders within the year prior to the Petition Date. The Debtors reserve all rights with respect to the determination or status of a person as an "insider" as defined in section 101(13) of the Bankruptcy Code. Certain expense reimbursements reported in Statement 4 relate to credit card spend attributable to Insiders. Identifying such spend requires a manual reconciliation of credit card statements and the Debtors have made best efforts to allocate appropriately. Additionally, in some instances an individual identified as a Debtor insider may also serve or be employed by a non-Debtor affiliate and any payments made by the non-Debtor affiliate are omitted from this disclosure.

Individual payments to Debtor affiliates are not reflected in Statement 4 due to their complexity and voluminous nature. The Debtors have reported net monthly intercompany positions for a twelve month period ending with December 31, 2024 in Statement 4. In addition, intercompany payables and receivables as of the December 31, 2024 can be found on Schedule E/F and Schedule AB.

- (c) **Statements, Part 3, Question 7 – Legal Actions or Assignments.** The Debtors have made reasonable best efforts to identify all current pending litigation and legal proceedings involving the Debtors. The Debtors reserve all of their rights and defenses with respect to any and all listed lawsuits and legal proceedings. The listing of such suits and proceedings shall not constitute an admission by the Debtors of any liabilities or that the actions or proceedings were correctly filed against the Debtors.
- (d) **Statements, Part 4, Question 9 – Gifts or Charitable Contributions within 2 years before the filing.** The donations and/or charitable contributions listed in response to Statement 9 represent payments made to third parties during the applicable timeframe that were recorded as such within the Debtors books and records.
- (e) **Statements, Part 6, Question 11– Payments Related to Bankruptcy.** All payments for services of any entities that provided consultation concerning debt

counseling or restructuring services, relief under the Bankruptcy Code, or preparation of a petition in bankruptcy within one year immediately preceding the Petition Date are listed on that Debtor's response to this Statement. Additional information regarding the Debtors' retention of professional service firms is more fully described in individual retention applications and related orders. The Debtor is a healthcare provider that maintains paper and/or electronic medical records on its patients for treatment, payment, and healthcare operations in their facilities. Patient records are maintained consistent with federal, state, and other related requirements to ensure confidentiality, integrity, and availability of the information.

- (f) **Statement, Part 13, Question 25** – Information listed in Question 25 is based on best historical corporate structure information available. Certain dates of ownership may be approximate and certain historical address information may be unavailable for entities that no longer exist.
- (g) **Statements, Part 13, Question 26 – Books, records, and financial statements.** The Debtors have historically provided financial statements to various interested parties over the past two years, including, but not limited to, insurance carriers, lenders and financial institutions, landlords, material vendors, advisors, regulatory and state agencies and others. The Debtors do not maintain records of the parties who have requested or obtained copies.
- (h) **Statements, Part 13, Question 27 – Inventories – Supervisor and Dates of Inventories Taken Within 2 years.** The Debtors perform inventory counts of raw materials and finished goods inventories on an annual basis or as needed for operational reasons. The information included in response to Question 27 reflects the last two (2) inventory dates.
- (i) **Statements, Part 13, Question 28 and 29 – Current and Former Officer and Directors.** While the Debtors have made reasonable best efforts to list all applicable officers and directors for each Debtor in response to Statement Questions 28 and 29, some may have been omitted. Disclosures relate specifically to terminated job titles or positions and are not indicative of the individuals' current employment status with the Debtors. As to each Debtor, an individual or entity designated as an officer or director does not necessarily qualify such entity as an "insider" for purposes of the Schedules and Statements if such individual or entity, based on the totality of the circumstances, does not have a controlling interest in, or exercise sufficient authority over, the Debtor so as to direct corporate policy and the disposition of corporate assets.
- (j) **Statements, Part 13, Question 30 – Payments, Distributions, or Withdrawals to Insiders.** Refer to Statement Question 4 for this item.

* * * * *

Fill in this information to identify the case:

Debtor name PHS Holdings, LLC

United States Bankruptcy Court for the: Northern District of Texas, Dallas Division

Case number (If known): 25-80015 (SGJ)

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*

\$ 2,781,545.66*

1c. Total of all property:

Copy line 92 from *Schedule A/B*

\$ 2,781,545.66*

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ Undetermined

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*

\$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*

+ \$ 224.65

4. Total liabilities

Lines 2 + 3a + 3b

\$ 224.65*

*Plus Undetermined Amounts

Fill in this information to identify the case:Debtor name PHS Holdings, LLCUnited States Bankruptcy Court for the: Northern District of Texas, Dallas DivisionCase number (If known) 25-80015 (SGJ)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1 City National Bank Standalone Account 8 4 9 2 \$ 0.003.2 \$ **4. Other cash equivalents (Identify all)**4.1 None \$ 0.004.2 \$ **5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 0.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 \$ 7.2 \$

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1

\$

8.2

\$

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less:

face amount

doubtful or uncollectible accounts

=

.....

→

\$

11b. Over 90 days old:

face amount

doubtful or uncollectible accounts

=

.....

→

\$

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 0.00

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1 None

\$

0.00

14.2

\$

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership:

15.1 See Attached Rider

%

\$

Undetermined

15.2

%

\$

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1 None

\$

0.00

16.2

\$

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ Undetermined

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General Description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
	MM / DD / YYYY	\$		\$

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$ 0.00

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value \$ Valuation method Current value \$

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General Description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops-either planted or harvested			
	\$		\$
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

33. **Total of Part 6.**
Add lines 28 through 32. Copy the total to line 85.

\$

0.00

34. **Is the debtor a member of an agricultural cooperative?**
☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**
☐ No
☐ Yes. Book value \$ Valuation method Current value \$

36. **Is a depreciation schedule available for any of the property listed in Part 6?**
☐ No
☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**
☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38 **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**
☒ No. Go to Part 8.
☐ Yes. Fill in the information below.

General Description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
	\$		\$
40. Office fixtures			
	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software			
	\$		\$
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			
			\$ 0.00
44. Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor PHS Holdings, LLC

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Case number (If known) 25-80015 (SGJ)

Name

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General Description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)**Valuation method used for current value****Current value of debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1	_____	\$ _____	_____	\$ _____
47.2	_____	\$ _____	_____	\$ _____
47.3	_____	\$ _____	_____	\$ _____
47.4	_____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1	_____	\$ _____	_____	\$ _____
48.2	_____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1	_____	\$ _____	_____	\$ _____
49.2	_____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____ 0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$		\$
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General Description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
- ☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
- ☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

None	—	=	→	\$	0.00
	Total Face Amount				Doubtful or uncollectible Amount

Total Face Amount	Doubtful or uncollectible Amount
100	10
90	0
80	0
70	0
60	0
50	0
40	0
30	0
20	0
10	0
0	0

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None	Tax Year	\$	0.00
------	----------	----	------

	Tax Year	\$
--	----------	----

	Tax Year	\$
--	----------	----

73. Interests in insurance policies or annuities

See Attached Rider	\$	Undetermined
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

None	\$	0.00
------	----	------

Nature of Claim

Amount Requested \$

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None	\$	0.00
------	----	------

Nature of Claim

Amount Requested \$

76. Trusts, equitable or future interests in property

None	\$	0.00
------	----	------

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

See Attached Rider	\$	2,781,545.66
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\$

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 2,781,545.66*

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

***Plus Undetermined Amounts**

Debtor PHS Holdings, LLC
Name

Document Page 24 of 79 Case number (If known) 25-80015 (SGJ)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of Property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ Undetermined	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$ 2,781,545.66*	
91. Total. Add lines 80 through 90 for each column.....91a.	\$ 2,781,545.66*	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		\$ 2,781,545.66*

*Plus Undetermined Amounts

Assets - Real and Personal Property**Part 4, Question 15:** Non-publicly traded stock interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture.

Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture <i>(Name of entity:)</i>	% of Ownership	Valuation method used for current value	Current value of debtor's interest
Prospect Health Services CT, Inc.	100.0%	N/A	Undetermined
Prospect Health Services PA, Inc.	100.0%	N/A	Undetermined
Prospect Health Services RI, Inc.	100.0%	N/A	Undetermined
		TOTAL	\$0.00 + Undetermined Amounts

Assets - Real and Personal Property**Part 11, Question 73:** Interests in insurance policies or annuities

Interests in insurance policies or annuities (Description)	Policy Type	Policy Number	Current value of debtor's interest
Ace Property and Casualty Insurance Company (Chubb)	Aviation	AAP N14413157 003	Undetermined
National Union Fire Ins. Co. (A XV)	Corporate Counsel Professional Liability	01-615-44-94	Undetermined
Allied World Specialty Insurance Company (A XV)	Cyber Liability (Excess Security & Privacy)	0313-1110	Undetermined
Endurance American Specialty Insurance Company (A+ XV)	Cyber Liability (Excess Security & Privacy)	CVX30069627700	Undetermined
QBE Specialty Insurance (A XV)	Cyber Liability (Excess Security & Privacy)	130008206	Undetermined
Beazley Lloyds Syndicate 2623/623	Difference in Conditions (Earthquake)	D2CA47240501	Undetermined
Mt Hawley Insurance Company - 85% (A+ XI) Renaissance Re Syndicate (Lloyds) - 15% (A XV)	Difference in Conditions (Earthquake)	MCQ0203829	Undetermined
Scottsdale Insurance Company (Nationwide)	Employment Practices Liability	PHS2408766	Undetermined
Beazley Insurance Company, Inc.	Excess Crime	V204B3240801	Undetermined
Berkley Insurance Company (A+ XV)	Excess Crime	BCCR-45001913-31	Undetermined
Bridgeway Insurance Company	Excess Directors & Officers Liability	8JA7PX0002194-01	Undetermined
Hudson Insurance Company	Excess Directors & Officers Liability	HN-0303-7551-120124	Undetermined
Lloyd's of London	Excess Directors & Officers Liability	CUAI0686-03	Undetermined
Markel American Insurance Company	Excess Directors & Officers Liability	MKLM3MXM000716	Undetermined
North River Insurance Company	Excess Directors & Officers Liability	575-103468-6	Undetermined
Obsidian Specialty Insurance Company	Excess Directors & Officers Liability	OII-587-DOX-1-2024-3-P	Undetermined
StarStone Specialty Insurance Company	Excess Directors & Officers Liability	DNO00013491P-03	Undetermined
Wesco Insurance Company	Excess Directors & Officers Liability	EUW1909884-03	Undetermined
Ascot Insurance Company	Excess Directors & Officers Liability	MLXS2410000572-04	Undetermined
Freedom Specialty Insurance Company	Excess Directors & Officers Liability	XMF2410469	Undetermined
RSUI Indemnity Company	Excess Employment Practices Liability	NHS712104	Undetermined
Endurance Risk Solutions Assurance Co.	Excess Employment Practices Liability	MPX30011650603	Undetermined
Ironshore Indemnity Inc.	Excess Employment Practices Liability	EPL7LAB3L2H004	Undetermined
Endurance Risk Solutions Assurance Co.	Excess Fiduciary Liability	MPX30011652203	Undetermined

Assets - Real and Personal Property**Part 11, Question 73:** Interests in insurance policies or annuities

Interests in insurance policies or annuities (Description)	Policy Type	Policy Number	Current value of debtor's interest
Ascot Insurance Company	Excess Fiduciary Liability	MLXS2410001369-02	Undetermined
Landmark American Insurance Company	Excess Fiduciary Liability	LHS712217	Undetermined
Starr Indemnity & Liability Company	Excess Fiduciary Liability	1000622030241	Undetermined
Argonaut Insurance Company	Excess Side-A DIC	MLX4262701-3	Undetermined
Associated Industries Insurance Co, Inc	Excess Side-A DIC	ANV156845A	Undetermined
Gemini Insurance Company	Excess Side-A DIC	BPRO8117787	Undetermined
General Security National Insurance Company	Excess Side-A DIC	FA0109864-2024-1	Undetermined
XL Specialty Insurance Company	Excess Side-A DIC	ELU201261-24	Undetermined
Hudson Insurance Company	Fiduciary Liability	SFD31211617-04	Undetermined
ACE American Insurance Company	Foreign Package	PHFD38041630 008	Undetermined
U.S. Specialty Insurance Company	Kidnap and Ransom	U722-85438	Undetermined
Illinois Union Insurance Company	Pollution	PPI G2784019A 010	Undetermined
National Union Fire Insurance Compan of Pittsburgh, PA (AIG) (A XV)	Primary Crime	01-621-67-91	Undetermined
AIG Specialty Ins. Co	Property	020413520	Undetermined
Columbia Casualty Company - 10%	Property	RMP 7035071680	Undetermined
Endurance American Specialty Insurance Company - 15%	Property	ARL30011656003	Undetermined
Everest Indemnity Insurance Company - 15%	Property	RP1P000105-241	Undetermined
Zurich American Ins. Co.	Property	ZMD7129606-05	Undetermined
Capitol Specialty Insurance Corporation	Side-A DIC	DO20211038-04	Undetermined
Lloyd's of London (Axis/Indigo) (A+ XV)	Technology E&O & Cyber Excess Liability (Security & Privacy)	MEDTE2403198	Undetermined
Lloyd's of London (Brit/Ki) (A XV)	Technology E&O & Cyber Liability (Security & Privacy)	MEDTE2401129	Undetermined
TOTAL			\$0.00 + Undetermined Amounts

Assets - Real and Personal Property**Part 11, Question 77:** Other property of any kind not already listed

Other property of any kind not already listed <i>Examples:</i> Season tickets, country club membership	Current value of debtor's interest
Intercompany Receivable: Prospect Medical Holdings, Inc.	\$224.65
Intercompany Receivable: Coordinated Regional Care Group, LLC	\$2,781,321.01
TOTAL	\$2,781,545.66

Debtor name PHS Holdings, LLC

United States Bankruptcy Court for the: Northern District of Texas, Dallas Division

Case number (If known): 25-80015 (SGJ)

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of Claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1

Creditor's name

MPT OF BELLFLOWER PMH, L.P.

Describe debtor's property that is subject to a lien

See Schedule D Disclosures

\$ Undetermined

\$ Undetermined

Creditor's mailing address

C/O MPT OPERATING PARTNERSHIP, L.P.
1000 UPPER CENTER DRIVE
SUITE 501
ATTN: LEGAL DEPARTMENT
BIRMINGHAM, AL 35242

Describe the lien

Equity Pledge on Prepetition HospitalCo Master Lease II

Creditor's email address, if known

LEGAL@MEDICALPROPERTIESTRUST.COM

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Date debt was incurred Undetermined

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☒ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

2.2

Creditor's name

MPT OF CULVER CITY PMH, L.P.

Describe debtor's property that is subject to a lien

See Schedule D Disclosures

\$ Undetermined

\$ Undetermined

Creditor's mailing address

C/O MPT OPERATING PARTNERSHIP, L.P.
1000 UPPER CENTER DRIVE
SUITE 501
ATTN: LEGAL DEPARTMENT
BIRMINGHAM, AL 35242

Describe the lien

Equity Pledge on Prepetition HospitalCo Master Lease II

Creditor's email address, if known

LEGAL@MEDICALPROPERTIESTRUST.COM

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Date debt was incurred Undetermined

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☒ Yes. Have you already specified the relative priority?
☒ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$

Part 1:	Additional Page	Column A	Column B
		Amount of Claim Do not deduct the value of collateral.	Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3

Creditor's name

MPT OF HOLLYWOOD PMH, L.P.

Creditor's mailing address

C/O MPT OPERATING PARTNERSHIP, L.P.
1000 UPPER CENTER DRIVE
SUITE 501
ATTN: LEGAL DEPARTMENT
BIRMINGHAM, AL 35242

Creditor's email address, if known

LEGAL@MEDICALPROPERTIESTRUST.COM

Date debt was incurred

Undetermined

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

☒ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines

Describe debtor's property that is subject to a lien

See Schedule D Disclosures

Describe the lien

Equity Pledge on Prepetition HospitalCo Master Lease II

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

\$

Undetermined

\$

Undetermined

2.4

Creditor's name

MPT OF LOS ANGELES PMH, L.P.

Creditor's mailing address

C/O MPT OPERATING PARTNERSHIP, L.P.
1000 UPPER CENTER DRIVE
SUITE 501
ATTN: LEGAL DEPARTMENT
BIRMINGHAM, AL 35242

Creditor's email address, if known

LEGAL@MEDICALPROPERTIESTRUST.COM

Date debt was incurred

Undetermined

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

☒ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines

Describe debtor's property that is subject to a lien

See Schedule D Disclosures

Describe the lien

Equity Pledge on Prepetition HospitalCo Master Lease II

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

\$

Undetermined

\$

Undetermined

Part 1: Additional Page		Column A Amount of Claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.5	<p>Creditor's name MPT OF MANCHESTER PMH, LLC</p> <p>Creditor's mailing address C/O MPT OPERATING PARTNERSHIP, L.P. 1000 UPPER CENTER DRIVE SUITE 501 ATTN: LEGAL DEPARTMENT BIRMINGHAM, AL 35242</p> <p>Creditor's email address, if known LEGAL@MEDICALPROPERTIESTRUST.COM</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien See Schedule D Disclosures</p> <p>Describe the lien Equity Pledge on Prepetition HospitalCo Master Lease I</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined \$ Undetermined</p>
2.6	<p>Creditor's name MPT OF NORWALK PMH, L.P.</p> <p>Creditor's mailing address C/O MPT OPERATING PARTNERSHIP, L.P. 1000 UPPER CENTER DRIVE SUITE 501 ATTN: LEGAL DEPARTMENT BIRMINGHAM, AL 35242</p> <p>Creditor's email address, if known LEGAL@MEDICALPROPERTIESTRUST.COM</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien See Schedule D Disclosures</p> <p>Describe the lien Equity Pledge on Prepetition HospitalCo Master Lease II</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined \$ Undetermined</p>

Part 1:	Additional Page	Column A Amount of Claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---------	-----------------	---	--

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7

Creditor's name

MPT OF RIDLEY PARK PMH, LLC

Creditor's mailing address

C/O MPT OPERATING PARTNERSHIP, L.P.
1000 UPPER CENTER DRIVE
SUITE 501
ATTN: LEGAL DEPARTMENT
BIRMINGHAM, AL 35242

Creditor's email address, if known

LEGAL@MEDICALPROPERTIESTRUST.COM

Date debt was incurred

Undetermined

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

☒ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines

Describe debtor's property that is subject to a lien

See Schedule D Disclosures

Describe the lien

Equity Pledge on Prepetition HospitalCo MPT Mortgage Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

\$

Undetermined

\$

Undetermined

2.8

Creditor's name

MPT OF ROCKVILLE PMH, LLC

Creditor's mailing address

C/O MPT OPERATING PARTNERSHIP, L.P.
1000 UPPER CENTER DRIVE
SUITE 501
ATTN: LEGAL DEPARTMENT
BIRMINGHAM, AL 35242

Creditor's email address, if known

LEGAL@MEDICALPROPERTIESTRUST.COM

Date debt was incurred

Undetermined

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

☒ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines

Describe debtor's property that is subject to a lien

See Schedule D Disclosures

Describe the lien

Equity Pledge on Prepetition HospitalCo Master Lease I

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

\$

Undetermined

\$

Undetermined

Part 1: Additional Page		Column A Amount of Claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.9	<p>Creditor's name MPT OF SPRINGFIELD PMH, LLC</p> <p>Creditor's mailing address C/O MPT OPERATING PARTNERSHIP, L.P. 1000 UPPER CENTER DRIVE SUITE 501 ATTN: LEGAL DEPARTMENT BIRMINGHAM, AL 35242</p> <p>Creditor's email address, if known LEGAL@MEDICALPROPERTIESTRUST.COM</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien See Schedule D Disclosures</p> <p>Describe the lien Equity Pledge on Prepetition HospitalCo MPT Mortgage Loan</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined \$ Undetermined</p>
2.10	<p>Creditor's name MPT OF UPLAND PMH, LLC</p> <p>Creditor's mailing address C/O MPT OPERATING PARTNERSHIP, L.P. 1000 UPPER CENTER DRIVE SUITE 501 ATTN: LEGAL DEPARTMENT BIRMINGHAM, AL 35242</p> <p>Creditor's email address, if known LEGAL@MEDICALPROPERTIESTRUST.COM</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien See Schedule D Disclosures</p> <p>Describe the lien Equity Pledge on Prepetition HospitalCo MPT Mortgage Loan</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined \$ Undetermined</p>

Part 1: Additional Page		Column A Amount of Claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.11	<p>Creditor's name MPT OF UPPER DARBY PMH, LLC</p> <p>Creditor's mailing address C/O MPT OPERATING PARTNERSHIP, L.P. 1000 UPPER CENTER DRIVE SUITE 501 ATTN: LEGAL DEPARTMENT BIRMINGHAM, AL 35242</p> <p>Creditor's email address, if known LEGAL@MEDICALPROPERTIESTRUST.COM</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien See Schedule D Disclosures</p> <p>Describe the lien Equity Pledge on Prepetition HospitalCo MPT Mortgage Loan</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined \$ Undetermined</p>
2.12	<p>Creditor's name MPT OF VAN NUYS PMH, L.P.</p> <p>Creditor's mailing address C/O MPT OPERATING PARTNERSHIP, L.P. 1000 UPPER CENTER DRIVE SUITE 501 ATTN: LEGAL DEPARTMENT BIRMINGHAM, AL 35242</p> <p>Creditor's email address, if known LEGAL@MEDICALPROPERTIESTRUST.COM</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien See Schedule D Disclosures</p> <p>Describe the lien Equity Pledge on Prepetition HospitalCo Master Lease II</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined \$ Undetermined</p>

Part 1: Additional Page		Column A Amount of Claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.13	<p>Creditor's name MPT OF WATERBURY PMH, LLC</p> <p>Creditor's mailing address C/O MPT OPERATING PARTNERSHIP, L.P. 1000 UPPER CENTER DRIVE SUITE 501 ATTN: LEGAL DEPARTMENT BIRMINGHAM, AL 35242</p> <p>Creditor's email address, if known LEGAL@MEDICALPROPERTIESTRUST.COM</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien See Schedule D Disclosures</p> <p>Describe the lien Equity Pledge on Prepetition HospitalCo Master Lease II</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined \$ Undetermined</p>
2.14	<p>Creditor's name MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT</p> <p>Creditor's mailing address 1000 URBAN CENTER DRIVE, SUITE 501 BIRMINGHAM, AL 35242</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien See Schedule D Disclosures</p> <p>Describe the lien Guarantor to Prepetition HospitalCo Term Loan Facility</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined \$ Undetermined</p>

Part 1:	Additional Page	Column A Amount of Claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.15

Creditor's name
PENSION BENEFIT GUARANTY CORPORATION

Describe debtor's property that is subject to a lien
As provided in the UCC Financing Statement

\$ Undetermined \$ Undetermined

Creditor's mailing address
445 12TH STREET SW
WASHINGTON, DC 20024-2101

Describe the lien
PBGC Claims / Lien

Creditor's email address, if known

Is the creditor an insider or related party?
☒ No
☐ Yes

Date debt was incurred

Last 4 digits of account number

Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:
Check all that apply.
☒ Contingent
☒ Unliquidated
☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines

2.16

Creditor's name

Describe debtor's property that is subject to a lien

\$ \$

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?
☐ No
☐ Yes

Date debt was incurred

Last 4 digits of account number

Is anyone else liable on this claim?
☐ No
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?
☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____

Fill in this information to identify the case:Debtor PHS Holdings, LLCUnited States Bankruptcy Court for the: Northern District of Texas, Dallas DivisionCase number 25-80015 (SGJ)
(If known)☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)* and on *Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*. Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) () Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
2.2	Priority creditor's name and mailing address As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) () Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
2.3	Priority creditor's name and mailing address As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) () Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim**3.1 Nonpriority creditor's name and mailing address**

PROSPECT CROZER, LLC
30 LAWRENCE AVENUE
BROOMALL, PA 19008

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Intercompany Payable

\$ 224.65

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.2 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

\$

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.3 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

\$

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.4 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

\$

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.5 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

\$

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.6 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

\$

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Line <input type="checkbox"/> Not listed. Explain	
4.2	Line <input type="checkbox"/> Not listed. Explain	
4.3	Line <input type="checkbox"/> Not listed. Explain	
4.4	Line <input type="checkbox"/> Not listed. Explain	
4.5	Line <input type="checkbox"/> Not listed. Explain	
4.6	Line <input type="checkbox"/> Not listed. Explain	
4.7	Line <input type="checkbox"/> Not listed. Explain	
4.8	Line <input type="checkbox"/> Not listed. Explain	
4.9	Line <input type="checkbox"/> Not listed. Explain	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$ 0.00

5b. Total claims from Part 2 5b. + \$ 224.65

5c. Total of Parts 1 and 2 5c. \$ 224.65
Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name PHS Holdings, LLCUnited States Bankruptcy Court for the: Northern District of Texas, Dallas DivisionCase number (If known): 25-80015 (SGJ)☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1

State what the contract or lease is for and the nature of the debtor's interestAncillary Ambulatory Surgery Dated:
07/01/2022COMFORT SURGERY CENTER OF SAN ANTONIO, LLC
1919 ROGERS ROAD
STE 102
ATTN: CEO
SAN ANTONIO, TX 78251**State the term remaining****List the contract number of any government contract**

2.2

State what the contract or lease is for and the nature of the debtor's interest

Legal BAA Dated: 01/01/2021

DATALINK SOFTWARE
14055 RIVEREDGE DR
#600
TAMPA, FL 33637**State the term remaining****List the contract number of any government contract**

2.3

State what the contract or lease is for and the nature of the debtor's interestAncillary Hospital Services Dated:
09/01/2022EAST BAY COMMUNITY ACTION PROGRAM
19 BROADWAY
NEWPORT, RI 02840**State the term remaining****List the contract number of any government contract**

2.4

State what the contract or lease is for and the nature of the debtor's interestAncillary Ambulatory Surgery Dated:
01/01/2024TOTAL VASCULAR CARE
215 N. SAN SABA #201
SAN ANTONIO, TX 78207**State the term remaining****List the contract number of any government contract****State what the contract or lease is for and the nature of the debtor's interest****State the term remaining****List the contract number of any government contract**

Fill in this information to identify the case:

Debtor name PHS Holdings, LLC

United States Bankruptcy Court for the: Northern District of Texas, Dallas Division

Case number (If known): 25-80015 (SGJ)

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Alta Hospitals System, LLC		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Alta Hospitals System, LLC		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Alta Hospitals System, LLC		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Alta Hospitals System, LLC		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Alta Hospitals System, LLC		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Alta Hospitals System, LLC		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7 Alta Hospitals System, LLC		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 Alta Hospitals System, LLC		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 Alta Hospitals System, LLC		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10 Alta Hospitals System, LLC		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11 Alta Hospitals System, LLC		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12 Alta Hospitals System, LLC		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13 Alta Hospitals System, LLC		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14 Alta Hospitals System, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.15 Alta Los Angeles Hospitals, Inc.		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16 Alta Los Angeles Hospitals, Inc.		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17 Alta Los Angeles Hospitals, Inc.		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.18 Alta Los Angeles Hospitals, Inc.		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19 Alta Los Angeles Hospitals, Inc.		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.20 Alta Los Angeles Hospitals, Inc.		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.21 Alta Los Angeles Hospitals, Inc.		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22 Alta Los Angeles Hospitals, Inc.		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.23 Alta Los Angeles Hospitals, Inc.		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.24 Alta Los Angeles Hospitals, Inc.		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.25 Alta Los Angeles Hospitals, Inc.		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26 Alta Los Angeles Hospitals, Inc.		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27 Alta Los Angeles Hospitals, Inc.		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.28 Alta Los Angeles Hospitals, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.29 Cardiology Associates of Greater Waterbury, P.C.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30 Coordinated Regional Care Group, LLC		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.31 Coordinated Regional Care Group, LLC		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.32 Coordinated Regional Care Group, LLC		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.33 Coordinated Regional Care Group, LLC		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34 Coordinated Regional Care Group, LLC		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35 Coordinated Regional Care Group, LLC		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36 Coordinated Regional Care Group, LLC		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37 Coordinated Regional Care Group, LLC		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.38 Coordinated Regional Care Group, LLC		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.39 Coordinated Regional Care Group, LLC		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.40 Coordinated Regional Care Group, LLC		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.41 Coordinated Regional Care Group, LLC		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.42 Coordinated Regional Care Group, LLC		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.43 Coordinated Regional Care Group, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44 Healthcare Staffing on Demand, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.45 New University Medical Group, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.46 Nix Community General Hospital, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.47 Nix Hospitals System, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.48 Nix Physicians, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.49 Nix Services, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.50 Nix SPE, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.51 Prospect ACO Holdings, LLC		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.52 Prospect ACO Holdings, LLC		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.53 Prospect ACO Holdings, LLC		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.54 Prospect ACO Holdings, LLC		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.55 Prospect ACO Holdings, LLC		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.56 Prospect ACO Holdings, LLC		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.57 Prospect ACO Holdings, LLC		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.58 Prospect ACO Holdings, LLC		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.59 Prospect ACO Holdings, LLC		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.60 Prospect ACO Holdings, LLC		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.61 Prospect ACO Holdings, LLC		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.62 Prospect ACO Holdings, LLC		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.63 Prospect ACO Holdings, LLC		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.64 Prospect ACO Holdings, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.65 Prospect ACO Northeast, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.66 Prospect Ambulatory Holding, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.67 Prospect Ambulatory Surgery Centers, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.68 Prospect Blackstone Valley Surgicare, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.69 Prospect Caring Hand, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.70 Prospect CCMC, LLC		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name		Mailing address	Name	Check all schedules that apply:
2.71	Prospect CCMC, LLC		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.72	Prospect CCMC, LLC		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.73	Prospect CCMC, LLC		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.74	Prospect CCMC, LLC		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.75	Prospect CCMC, LLC		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.76	Prospect CCMC, LLC		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.77	Prospect CCMC, LLC		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.78	Prospect CCMC, LLC		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.79 Prospect CCMC, LLC		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.80 Prospect CCMC, LLC		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.81 Prospect CCMC, LLC		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.82 Prospect CCMC, LLC		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.83 Prospect CCMC, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.84 Prospect CharterCARE Ancillary Services, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.85 Prospect CharterCARE Home Health and Hospice, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.86 Prospect CharterCARE Physicians, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.87 Prospect CharterCARE RWMC, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.88 Prospect CharterCARE SJHSRI, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.89 Prospect CharterCARE, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.90 Prospect Crozer Home Health and Hospice, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.91 Prospect Crozer Urgent Care, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.92 Prospect Crozer, LLC		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.93 Prospect Crozer, LLC		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.94 Prospect Crozer, LLC		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name		Mailing address	Name	Check all schedules that apply:
2.95	Prospect Crozer, LLC		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.96	Prospect Crozer, LLC		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.97	Prospect Crozer, LLC		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.98	Prospect Crozer, LLC		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.99	Prospect Crozer, LLC		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.100	Prospect Crozer, LLC		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.101	Prospect Crozer, LLC		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.102	Prospect Crozer, LLC		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.103 Prospect Crozer, LLC		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.104 Prospect Crozer, LLC		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.105 Prospect Crozer, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.106 Prospect CT Management Services, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.107 Prospect CT Medical Foundation, Inc.		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.108 Prospect CT Medical Foundation, Inc.		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.109 Prospect CT Medical Foundation, Inc.		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.110 Prospect CT Medical Foundation, Inc.		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.111 Prospect CT Medical Foundation, Inc.		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.112 Prospect CT Medical Foundation, Inc.		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.113 Prospect CT Medical Foundation, Inc.		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.114 Prospect CT Medical Foundation, Inc.		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.115 Prospect CT Medical Foundation, Inc.		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.116 Prospect CT Medical Foundation, Inc.		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.117 Prospect CT Medical Foundation, Inc.		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.118 Prospect CT Medical Foundation, Inc.		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.119 Prospect CT Medical Foundation, Inc.		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.120 Prospect CT Medical Foundation, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.121 Prospect CT, Inc.		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.122 Prospect CT, Inc.		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.123 Prospect CT, Inc.		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.124 Prospect CT, Inc.		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.125 Prospect CT, Inc.		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.126 Prospect CT, Inc.		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.127 Prospect CT, Inc.		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.128 Prospect CT, Inc.		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.129 Prospect CT, Inc.		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.130 Prospect CT, Inc.		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.131 Prospect CT, Inc.		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.132 Prospect CT, Inc.		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.133 Prospect CT, Inc.		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.134 Prospect CT, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.135 Prospect DCMH, LLC		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.136 Prospect DCMH, LLC		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.137 Prospect DCMH, LLC		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.138 Prospect DCMH, LLC		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.139 Prospect DCMH, LLC		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.140 Prospect DCMH, LLC		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.141 Prospect DCMH, LLC		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.142 Prospect DCMH, LLC		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.143 Prospect DCMH, LLC		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.144 Prospect DCMH, LLC		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.145 Prospect DCMH, LLC		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.146 Prospect DCMH, LLC		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.147 Prospect DCMH, LLC		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.148 Prospect DCMH, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.149 Prospect East Holdings, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.150 Prospect East Hospital Advisory Services, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.151 Prospect ECHN Eldercare Services, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.152 Prospect ECHN Home Health, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.153 Prospect ECHN, Inc.		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.154 Prospect ECHN, Inc.		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.155 Prospect ECHN, Inc.		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.156 Prospect ECHN, Inc.		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.157 Prospect ECHN, Inc.		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.158 Prospect ECHN, Inc.		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name		Mailing address	Name	Check all schedules that apply:
2.159	Prospect ECHN, Inc.		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.160	Prospect ECHN, Inc.		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.161	Prospect ECHN, Inc.		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.162	Prospect ECHN, Inc.		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.163	Prospect ECHN, Inc.		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.164	Prospect ECHN, Inc.		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.165	Prospect ECHN, Inc.		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.166	Prospect Health Services CT, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.167 Prospect Health Services PA, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.168 Prospect Health Services RI, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.169 Prospect Health Ventures Holdings, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.170 Prospect Healthcare Facilities Management, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.171 Prospect Home Health and Hospice, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.172 Prospect Hospital Holdings, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.173 Prospect Integrated Behavioral Health, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.174 Prospect Management Services, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.175 Prospect Manchester Hospital, Inc.		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.176 Prospect Manchester Hospital, Inc.		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.177 Prospect Manchester Hospital, Inc.		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.178 Prospect Manchester Hospital, Inc.		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.179 Prospect Manchester Hospital, Inc.		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.180 Prospect Manchester Hospital, Inc.		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.181 Prospect Manchester Hospital, Inc.		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.182 Prospect Manchester Hospital, Inc.		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.183 Prospect Manchester Hospital, Inc.		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.184 Prospect Manchester Hospital, Inc.		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.185 Prospect Manchester Hospital, Inc.		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.186 Prospect Manchester Hospital, Inc.		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.187 Prospect Manchester Hospital, Inc.		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.188 Prospect Manchester Hospital, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.189 Prospect Medical Holdings, Inc.		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.190 Prospect Medical Holdings, Inc.		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.191 Prospect Medical Holdings, Inc.		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.192 Prospect Medical Holdings, Inc.		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.193 Prospect Medical Holdings, Inc.		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.194 Prospect Medical Holdings, Inc.		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.195 Prospect Medical Holdings, Inc.		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.196 Prospect Medical Holdings, Inc.		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.197 Prospect Medical Holdings, Inc.		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.198 Prospect Medical Holdings, Inc.		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.199 Prospect Medical Holdings, Inc.		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.200 Prospect Medical Holdings, Inc.		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.201 Prospect Medical Holdings, Inc.		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.202 Prospect Medical Holdings, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.203 Prospect Penn Health Club, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.204 Prospect Penn, LLC		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.205 Prospect Penn, LLC		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.206 Prospect Penn, LLC		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name		Mailing address	Name	Check all schedules that apply:
2.207	Prospect Penn, LLC		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.208	Prospect Penn, LLC		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.209	Prospect Penn, LLC		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.210	Prospect Penn, LLC		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.211	Prospect Penn, LLC		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.212	Prospect Penn, LLC		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.213	Prospect Penn, LLC		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.214	Prospect Penn, LLC		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.215 Prospect Penn, LLC		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.216 Prospect Penn, LLC		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.217 Prospect Penn, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.218 Prospect Provider Group CT, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.219 Prospect Provider Group PA, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.220 Prospect Provider Group RI, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.221 Prospect Provider Groups, LLC		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.222 Prospect Provider Groups, LLC		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.223 Prospect Provider Groups, LLC		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.224 Prospect Provider Groups, LLC		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.225 Prospect Provider Groups, LLC		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.226 Prospect Provider Groups, LLC		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.227 Prospect Provider Groups, LLC		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.228 Prospect Provider Groups, LLC		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.229 Prospect Provider Groups, LLC		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.230 Prospect Provider Groups, LLC		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.231 Prospect Provider Groups, LLC		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.232 Prospect Provider Groups, LLC		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.233 Prospect Provider Groups, LLC		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.234 Prospect RI Home Health and Hospice, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.235 Prospect Rockville Hospital, Inc.		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.236 Prospect Rockville Hospital, Inc.		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.237 Prospect Rockville Hospital, Inc.		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.238 Prospect Rockville Hospital, Inc.		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.239 Prospect Rockville Hospital, Inc.		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.240 Prospect Rockville Hospital, Inc.		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.241 Prospect Rockville Hospital, Inc.		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.242 Prospect Rockville Hospital, Inc.		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.243 Prospect Rockville Hospital, Inc.		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.244 Prospect Rockville Hospital, Inc.		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.245 Prospect Rockville Hospital, Inc.		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.246 Prospect Rockville Hospital, Inc.		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.247 Prospect Rockville Hospital, Inc.		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.248 Prospect Rockville Hospital, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.249 Prospect Waterbury Ambulatory Surgery, LLC		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.250 Prospect Waterbury Home Health, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.251 Prospect Waterbury, Inc.		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.252 Prospect Waterbury, Inc.		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.253 Prospect Waterbury, Inc.		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.254 Prospect Waterbury, Inc.		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.255 Prospect Waterbury, Inc.		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.256 Prospect Waterbury, Inc.		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.257 Prospect Waterbury, Inc.		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.258 Prospect Waterbury, Inc.		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.259 Prospect Waterbury, Inc.		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.260 Prospect Waterbury, Inc.		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.261 Prospect Waterbury, Inc.		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.262 Prospect Waterbury, Inc.		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.263 Prospect Waterbury, Inc.		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.264 Prospect Waterbury, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.265 Southern California Healthcare System, Inc.		MPT OF BELLFLOWER PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.266 Southern California Healthcare System, Inc.		MPT OF CULVER CITY PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.267 Southern California Healthcare System, Inc.		MPT OF HOLLYWOOD PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.268 Southern California Healthcare System, Inc.		MPT OF LOS ANGELES PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.269 Southern California Healthcare System, Inc.		MPT OF MANCHESTER PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.270 Southern California Healthcare System, Inc.		MPT OF NORWALK PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.271 Southern California Healthcare System, Inc.		MPT OF RIDLEY PARK PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.272 Southern California Healthcare System, Inc.		MPT OF ROCKVILLE PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.273 Southern California Healthcare System, Inc.		MPT OF SPRINGFIELD PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.274 Southern California Healthcare System, Inc.		MPT OF UPLAND PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.275 Southern California Healthcare System, Inc.		MPT OF UPPER DARBY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.276 Southern California Healthcare System, Inc.		MPT OF VAN NUYS PMH, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.277 Southern California Healthcare System, Inc.		MPT OF WATERBURY PMH, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.278 Southern California Healthcare System, Inc.		MPT TRS LENDER PMH, LLC, AS COLLATERAL AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.279

- ☐ D
☐ E/F
☐ G

2.280

- ☐ D
☐ E/F
☐ G

2.281

- ☐ D
☐ E/F
☐ G

2.282

- ☐ D
☐ E/F
☐ G

2.283

- ☐ D
☐ E/F
☐ G

2.284

- ☐ D
☐ E/F
☐ G

2.285

- ☐ D
☐ E/F
☐ G

2.286

- ☐ D
☐ E/F
☐ G

Fill in this information to identify the case and this filing:Debtor name PHS Holdings, LLCUnited States Bankruptcy Court for the: Northern District of Texas, Dallas DivisionCase number (If known) 25-80015 (SGJ)**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/13/2025
MM / DD / YYYY

X /s/ Paul Rundell

Signature of individual signing on behalf of debtor

Paul Rundell

Printed name

Chief Restructuring Officer

Position or relationship to debtor